



Pay for Performance

Spring 2020

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Topics to Cover

- Quality Measures.
- Data Collection.
- Provider Portal.
- Performance Review.
- Quality of Care.
- Quality Assurance Team.
- In The Works.
- Resources.

Quality Measures

SB 280 signed on May 22, 2019 and approved by Centers for Medicare and Medicaid Service (CMS) on December 4, 2019 with an effective date of October 1, 2019.

Please visit www.okhca.org for most up to date information.

Quality Measures

PERCENTAGE OF LONG-STAY
HIGH RISK RESIDENTS WITH
UNSTAGEABLE **PRESSURE
ULCERS**
• N015.03

PERCENTAGE OF LONG-STAY
RESIDENTS WITH EXCESS
WEIGHT LOSS
• N029.02

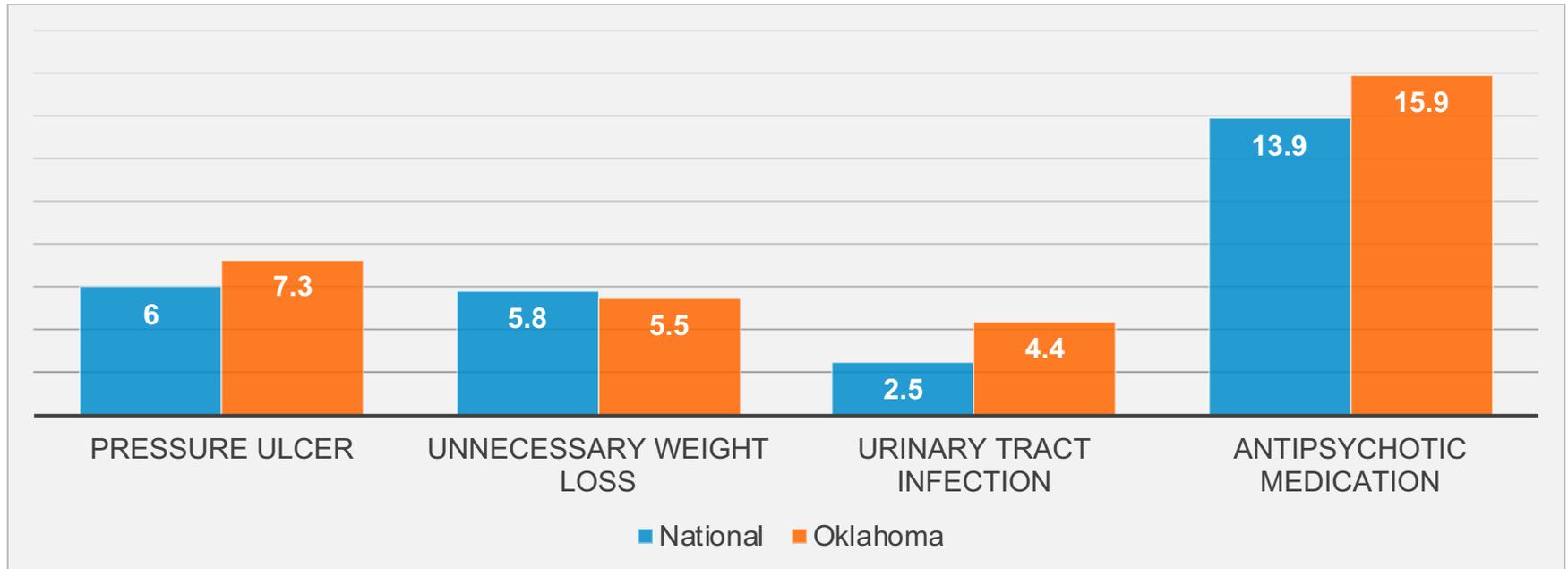
CMS Quality Measures

PERCENTAGE OF LONG-STAY
RESIDENTS WITH A **URINARY
TRACT INFECTION**
• N024.02

PERCENTAGE OF LONG-STAY
RESIDENTS WHO RECEIVED AN
ANTIPSYCHOTIC MEDICATION
• N031.03

Quality Measures

Oklahoma Average vs National Average



Lower percentages are better

Quality Improvement and Evaluation System (QIES) Business Intelligence Center (QBIC) Database October 31, 2019

Quality Measures

Payment

- Earn payment.
 - Meet or exceed national average.
 - 5% relative improvement each quarter from baseline or better.
- Four equally-weighted CMS Long-Stay Quality Measures.
 - Minimum of \$1.25 per Medicaid patient per day for each qualifying metric.
- Facilities with deficiency of “I” or greater related to a targeted quality measure in the program is disqualified from receiving an award related to that measure for that quarter and every quarter after until the facility comes into compliance.
 - Facility deficiency tags can be viewed at <https://surveys.health.ok.gov/>.

Quality Measures

Example: Facility Baseline Calculation

2019 Q1 Metric Score	2019 Q2 Metric Score	2019 Q3 Metric Score	2019 Q4 Metric Score	2020 Baseline
10.00%	15.00%	12.00%	14.00%	12.75%

Example: Improvement Target Calculation

2020 Baseline	2020 Q1 Improvement Target	2020 Q2 Improvement Target	2020 Q3 Improvement Target	2020 Q4 Improvement Target
12.75%	12.11%	11.48%	10.84%	10.20%

5% improvement from
baseline.

10% improvement
from baseline.

15% improvement
from baseline.

20% improvement
from baseline.

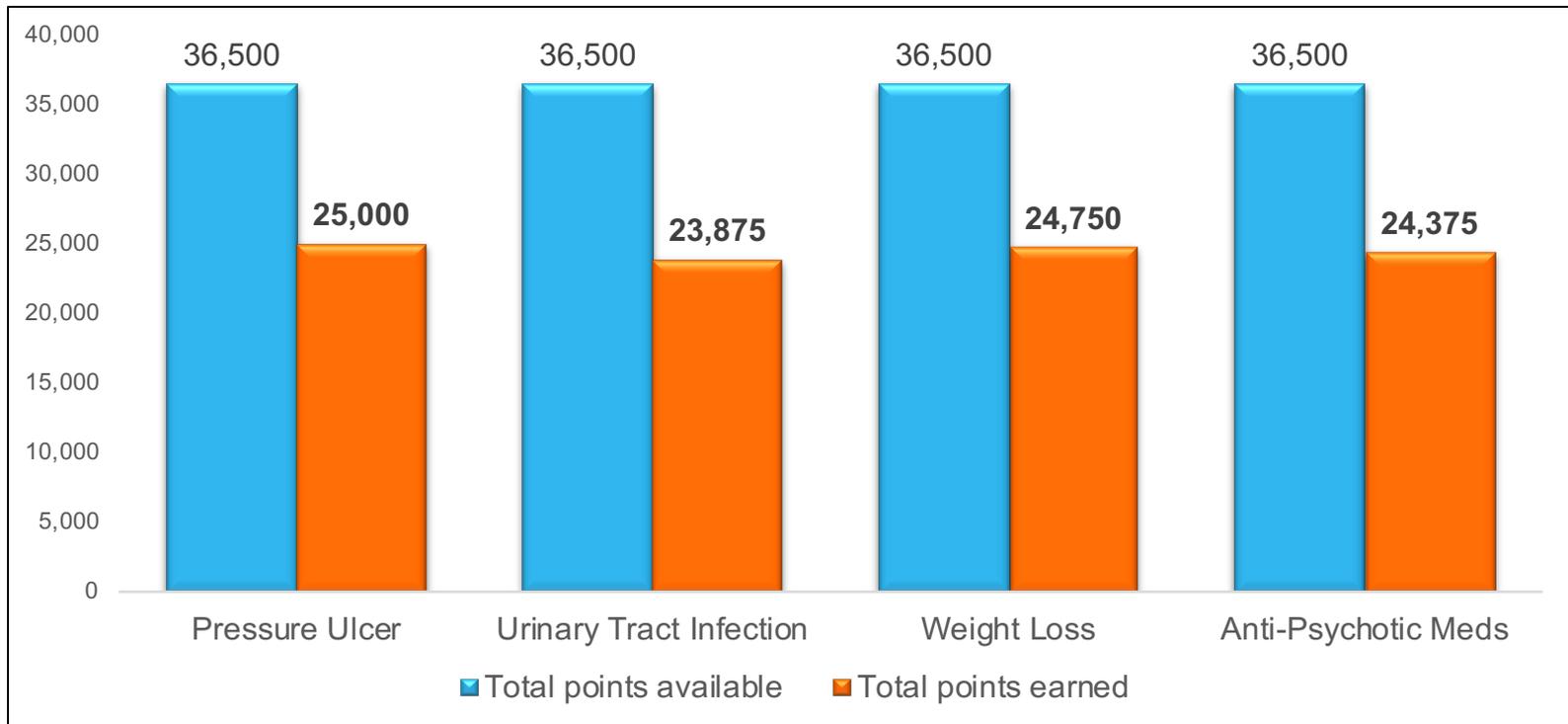
Quality Measures

Example: Facility Actual QM Performance

Quarter	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Baseline	12.75%	12.75%	12.75%	12.75%
National Avg. Benchmark	10.50%	10.50%	10.50%	10.50%
Improvement Target	12.11%	11.48%	10.84%	10.20%
Facility Actual QM Score	14.65%	11.15%	9.54%	10.45%
Outcome	Failed	Achieved	Achieved	Achieved

Quality Measures

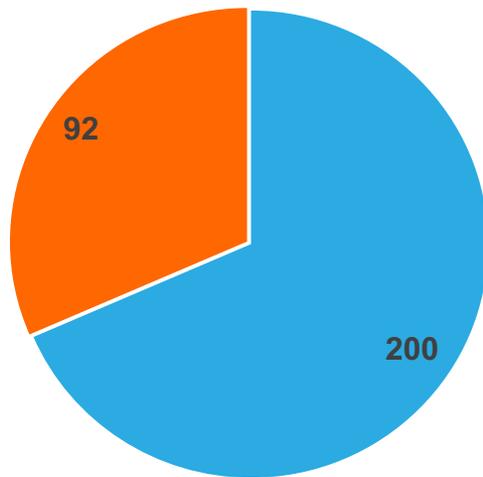
Quarter 1 PFP Points



Quality Measures

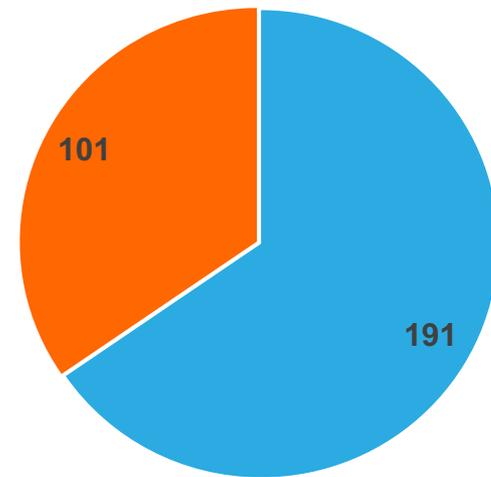
Quarter 1 PFP Metrics

Pressure Ulcers
68% Met Metric



■ Met ■ Not Met

Urinary Tract Infections
65% Met Metric



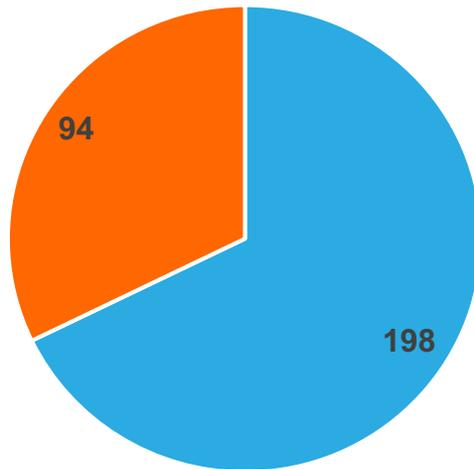
■ Met ■ Not Met

*One facility received an "1" or greater tag

Quality Measures

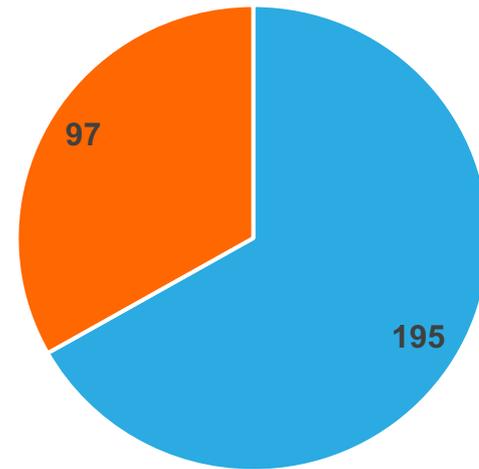
Quarter 1 PFP Metrics

Weight Loss
68% Met Metric



■ Met ■ Not Met

Anti-Psychotic Meds
67% Met Metric



■ Met ■ Not Met

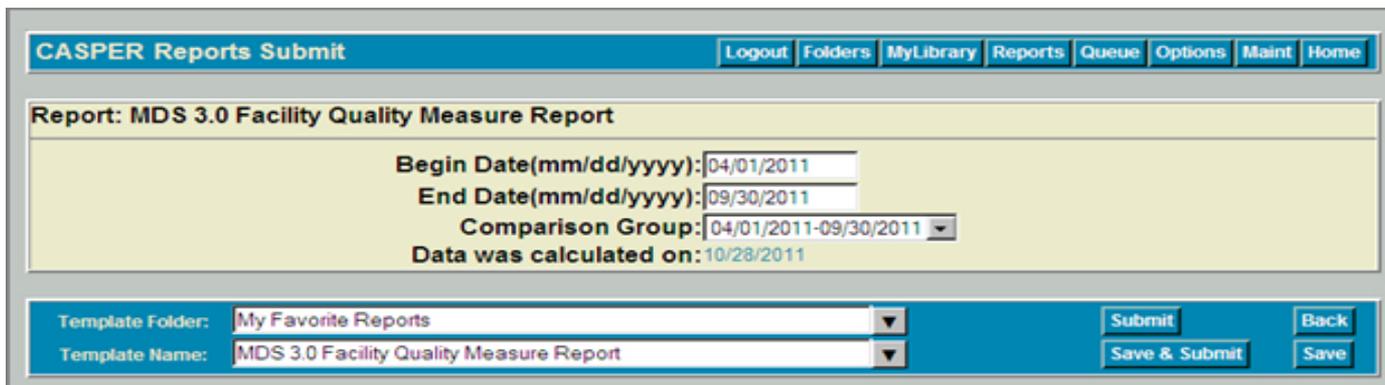
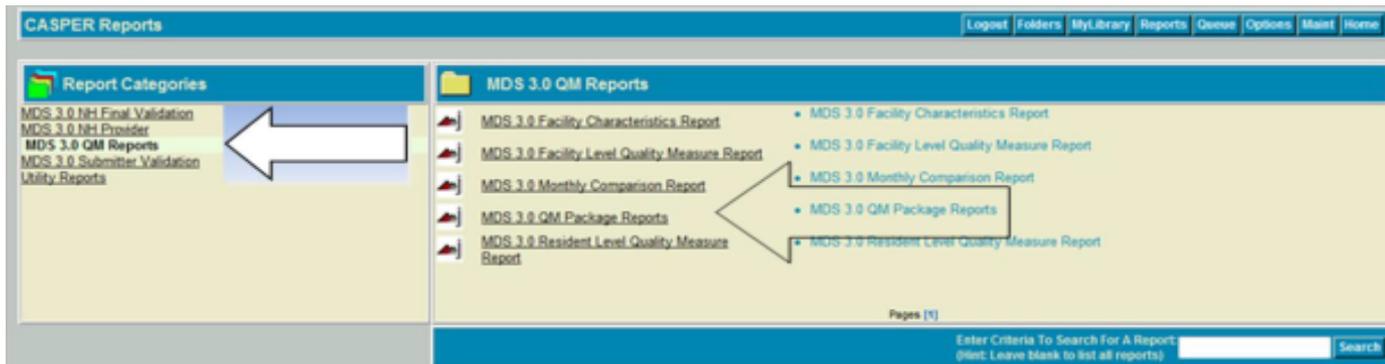
Data Collection

Data Source: Facilities will enter the facility adjusted percent score from the CASPER MDS 3.0 Facility Level Quality Measure Report for each of the four Quality Measures and upload the CASPER MDS 3.0 Facility Level Quality Measure report for **each** of the four QMs.

Collection Period	Submission Date	Lump Sum Payment 4 th Wednesday of following month after quarter closes
October, November and December	Jan. 30	Feb.
January, February and March	Apr. 30	May
April, May and June	Jul. 30	Aug.
July, August and September	Oct. 30	Nov.

Data Collection

Facilities go into their CASPER reports and run their MDS CASPER 3.0 Facility Level QM reports for the appropriate quarter:



Data Collection

		CASPER Report MDS 3.0 Facility Level Quality Measure Report					Page 1 of 1			
Facility ID: NH5531 CCN: 375256 Facility Name: check facility name City/State: OKLAHOMA CITY, OK		Report Period: check the report period Comparison Group: 05/01/2019 - 10/31/2019 Report Run Date: 01/03/2020 Data Calculation Date: 12/30/2019 Report Version Number: 3.02								
Note: Dashes represent a value that could not be computed Note: S = short stay, L = long stay Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected Note: * is an indicator used to identify that the measure is flagged Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)										
Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile	
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	8	62	12.9%	12.9%	9.8%	8.1%	81 *	
Phys restraints (L)	N027.02	C	1	117	0.9%	0.9%	0.2%	0.2%	92 *	
Falls (L)	N032.02	C	70	117	59.8%	59.8%	52.0%	45.4%	86 *	
Falls w/Maj Injury (L)	N013.02	C	12	117	10.3%	10.3%	4.9%	3.5%	97 *	
Antipsych Med (S)	N011.02	C	4	129	3.1%	3.1%	2.2%	2.0%	81 *	
Antipsych Med (L)	N031.03	C	19	116	16.4%	16.4%	17.4%	14.2%	66	
Antianxiety/Hypnotic Prev (L)	N033.02	C	4	78	5.1%	5.1%	9.4%	6.5%	51	
Antianxiety/Hypnotic % (L)	N036.02	C	31	89	34.8%	34.8%	25.9%	19.7%	90 *	
Behav Sx affect Others (L)	N034.02	C	3	100	3.0%	3.0%	18.2%	20.8%	8	
Depress Sx (L)	N030.02	C	0	108	0.0%	0.0%	4.0%	5.5%	0	
UTI (L)	N024.02	C	2	112	1.8%	1.8%	4.8%	2.8%	48	
Cath Insert/Left Bladder (L)	N026.03	C	4	111	3.6%	3.6%	2.9%	2.2%	75 *	
Lo-Risk Lose B/B Con (L)	N025.02	C	8	39	20.5%	20.5%	37.8%	48.2%	7	
Excess Wt Loss (L)	N029.02	C	10	84	11.9%	11.9%	5.3%	5.7%	89 *	
Incr ADL Help (L)	N028.02	C	9	82	11.0%	11.0%	14.4%	14.9%	32	

Provider Portal

Oklahoma HealthCare Authority Extranet FOE/QOC Data Collection Portal

Currently logged in as: Nursing Facility

Default Pages Forms and Documents Reports Contact Us Profile Trainings Print Log Out

Us Profile

Baselines and National Average

Training and FAQ's

Note: Please take a moment to verify your user profile before clicking "Save Profile". Click "Save Profile" to save your changes and continue to your default screen.

Medicaid/User ID: 100234567A

State ID: 001

Friendly Name: Nursing Facility Name

NSGO Name:

E-mail: **employee1@nh.com, employee2@nh.com**

Password: PassWord123

Facility Admin/Owner: First Name Last Name

of Licensed Beds: 75

Save Profile

-- Notification --

NOTE: facilities will start providing the following information January 2020 for each of the 4 measures: Facility adjusted quality metric score and upload the MDS 3.0 facility level quality measure report from CASPER.

NOTE: The system will automatically log you out after **10 minutes of inactivity**. Any unsaved data will be lost, so be sure to save regularly!

PLEASE make sure that your facility e-mail address is up-to-date in your profile. All system e-mail notifications will be sent to that e-mail address.

Add additional e-mails by separating with a comma

Provider Portal

Oklahoma HealthCare Authority Extranet PFP/QOC Data Collection Portal

Default Pages Forms and Documents **Reports** Contact Us Profile Trainings Print Log Out

Data Submission

Reporting Period: 10/01/2019 - 12/31/2019
Status: Show All

[Submit](#) [Reset](#)

Export To: [CSV](#) [Excel](#) [Word](#)

Report Name	Due Date	Status
Excess Weight Loss	01/30/2020	Complete
High Risk Unstageable Pressure Ulcer	01/30/2020	Complete
Lower use of anti-psychotic medication	01/30/2020	Complete
Lower UTI	01/30/2020	Complete

Provider Portal

PFP/QOC Data Collection Portal

Log Out

**Health Improvement Plan (HIP)
N029.02 Excess Weight Loss**

Data Last Updated On: 1/29/2020 3:58:36 PM

Data Period: 10/1/2019 - 12/31/2019 [LOCKED]
(Please use the same report period on the CASPER report.)

Nursing Home Information

State ID: 888
Federal (Medicaid) ID: 4085227019
Facility Name 1: ?
Facility Name 2: TEST FACILITY ?
NSGO Name: Test Facility
PFP Participant?:
Phone Number: (405) 522-7019
Address: 4345 N. Lincoln Blvd.
Oklahoma City, OK 73104

Instructions

Please read information required on your facility:

- Your facility will be responsible for entering the facility adjusted quality metric score each quarter from the CASPER MDS 3.0 facility level quality measure report. This is the facility adjusted percent. Your facility will be responsible for uploading this one page report quarterly.
- Each of the 4 measures will have their own provider portal form. 1 for anti-psychotics, 1 for UTI, 1 for weight loss and 1 for unstageable pressure ulcer. You must go in to each form to see baseline(s), National Average, Quarterly Improvement score, current score. All language on the forms will be the same.
- Your facility will be audited at least once within the year. Please make sure your email on the portal is up to date, as this is the communication tool for audit, trainings, payment allocation and quarterly report cards.
- Due dates are January 30, April 30, July 30 and Oct. 30.
- Facilities will have to sign and submit the provider portal form once documentation has been uploaded for audit.
- The Performance Review Audit section below will check a box if your facility is up for review.

Provider Portal

PFP/QOC Data Collection Portal

Contact Us Profile Trainings Print Log Out

Facilities that have to sign and submit the provider portal form once documentation has been uploaded for audit.

- The Performance Review Audit section below will check a box if your facility is up for review.

Baseline: 7.17

National Avg. Benchmark: 5.50

Quarterly Improvement Percentile (5% relative improvement): 6.81

Facility Adjusted QM Score:

CASPER Report MDS 3.0 Facility Level Quality Measure Report: [Casper quarter.pdf](#)

Performance Review Audit (ONLY NEEDED upon request of OHCA) submit checked box(s) ONLY:

Document Type	Supporting Document(s)	Upload Files
<input checked="" type="checkbox"/> Quality Assurance and Performance Improvement Plan (QAPI) this is the facility annual plan and quarterly meetings	Pay for Performance Audit Documents for 4th qtr 20	<input type="button" value="Upload"/> Browse...
<input type="checkbox"/> Performance Improvement Project (PIP)	Use of Antipsychotics - PIP July 2019.pdf	<input type="button" value="Upload"/> Browse...
<input type="checkbox"/> Other		<input type="button" value="Upload"/> Browse...

Additional Comments/Explanation (Optional)

Signatures

I certify that all of the information I have supplied to the Oklahoma Health Care Authority on this form, or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration.

Signed By: Lin Liu
Job Title: OHCA - FOE Staff MemberDate: 1/29/2020 1:47:22 PM

Performance Review

Desk Review:

- Facilities will be randomly pulled for quarterly desk review.
- Facilities will be notified by the **e-mail(s)** listed on the PFP/QOC Provider Portal.
- Facilities will have **Performance Review Audit** box checked reflecting they have been selected for desk review.
- Facilities will provide requested documentation via the PFP/QOC Provider Portal within 15 business days.
 - Quality Assurance and Performance Improvement.
 - Program Improvement Project.
 - Resident Charts.
 - CASPER Report-MDS 3.0 Facility Level Quality Measure Report.
- OHCA will provide a performance review summary report within fifteen business days of desk review completion.

Performance Review

On-Site Review:

- Facilities will be randomly pulled for quarterly on-site review.
- On-site review team will conduct resident/employee assessments.
- Facilities will provide requested documentation to on-site review team.
 - Quality Assurance and Performance Improvement.
 - Program Improvement Project.
 - Resident Charts.
 - CASPER Report-MDS 3.0 Facility Level Quality Measure Report.
- OHCA will provide a performance review summary report within fifteen business days of on-site review completion.

Quality of Care

Direct-Care-Staff-To-Resident Ratios:

Hours	Previous	Current Effective 10/1/2019
7 a.m. to 3 p.m.	one direct care staff to every seven residents	one direct care staff to every six residents
3 p.m. to 11 p.m.	one direct care staff to every ten residents	one direct care staff to every eight residents
11 p.m. to 7 a.m.	one direct care staff to every seventeen residents	one direct care staff to every fifteen residents

Quality of Care

Facilities are still required to complete the Quality of Care Report by the fifteenth of every month by 5 p.m. If the fifteenth falls on a weekend or a holiday, the report will be due on the next business day by 5 p.m.

QOC Report Team

OHCA Main Number: 405-522-7300

Email: www.LTCAUDIT@okhca.org

Financial Analyst

Karen Stinson: 405-522-7124

Karen.Stinson@okhca.org

Payments and/or Penalties

Ernest Chiang: 405-522-7089

Ernest.Chiang@okhca.org

Manager, LTC Financial Management

Peter Onema: 405-522-7098

Peter.Onema@okhca.org

Requests for copies of QOC Reports

Carolyn Berry-Greer: Legal Services

Tel. 405-522-7268; Fax 405-530-3444

Quality Assurance Team

QA Manager

Jennifer Wynn: 405-522-7306

Jennifer.Wynn@okhca.org

QA Senior Research Analyst

Eboni Bolds: 405-522-7847

Eboni.Bolds@okhca.org

QA Senior Research Analyst

Irene Sanderson: 405-522-7739

Irene.Sanderson@okhca.org

Program Analyst II

Dena Marchbanks

Dena.Marchbanks@okhca.org

Program Analyst II

Brenda Smith

Brenda.Smith@okhca.org

In The Works

- PFP/QOC Provider Portal (updates, automated e-mail, reporting etc.)
- Quarterly Reporting to state agencies, community stakeholder and other organizations.
- Annual Report to the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate.
- www.nursinghomeratings.com.
- Training.

Resources

- Oklahoma Foundation for Medical Quality.
 - www.ofmq.com.
- Telligen.
 - www.TelligenQINQIO.com.
- American Association of Retired Persons.
 - www.aarp.org.
- National Nursing Home Quality Improvement Campaign.
 - www.nhqualitycampaign.org.
- Oklahoma State Department of Health.
 - <https://www.ok.gov/health/>.
- Centers for Medicare & Medicaid Services.
 - www.cms.gov.

<http://okhca.org/>



OKLAHOMA
Health Care Authority

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Keep your address up to date at **MySoonerCare.org**

[View All Banners](#)

member portal

Oklahoma Health Care Authority

Change your mailing address at **MySoonerCare.org**

quick links

- How to Change Your SoonerCare Mailing Address
- New Out of State Provider Rules for Members
- Enroll In SoonerCare
- NEW: ABA information

individuals

- How to Apply | Enroll Online
- Find A Provider | After Hours OK
- Member Handbook - English | Español
- Member Letters | Updates
- Programs | Benefits
- Member Services Helpline

--More Options--

providers

- Pharmacy
- Perinatal Services
- Pain Management Program
- Other Providers
- OHCA Secure Web Sites
- Obstetrical Services
- NDC Billing for HCPCS
- Molecular Pathology
- Medical Professional Services
- Medical Authorization Unit (MAU)
- Long-Term Care and Waiver Services
- Hospitals
- Health Management Program
- Global Messages
- FQHC-Rural Health Clinics
- FQHC PPS Rates
- Forms
- Error Codes/Edit Disposition Codes
- Electronic Data Interchange
- EHR Incentive
- Durable Medical Equipment
- DSH Forms and Reports
- Dental
- Claim Tools
- Child Health (EPSDT)
- Cesarean Section Quality Initiative
- Billing & Procedure Manual
- Behavioral Health - Substance Abuse Services
- Adjustments
- Providers Homepage --

research and statistics

- Data & Reports
- Focus On Excellence Reports

about us

Providers

- ◊ [Types](#)
- ◊ [Claim Tools](#)
- ◊ [Forms](#)
- ◊ [Secure Sites](#)
- ◊ [Policies & Rules](#)
- ◊ [Training](#)
- ◊ [Updates](#)
- ◊ [Help](#)

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Long-Term Care and Waiver Services

What We Do

Several OHCA divisions develop, operate, and administer long-term care and waiver programs by collaborating with state and private agencies, community organizations, and stakeholders in creating a system of health care, long-term care support and home and community-based services support that meets the needs of every Oklahoma citizen.

Programs

- › [Focus on Excellence](#)
- › [Home & Community Based Waivers](#)
- › [Living Choice](#)
- › [Long-Term Care Facilities](#)
- › [Long-Term Care Partnership](#)
- › [PACE](#)
- › [PASRR](#)
- › [TEFRA](#)

Claim Tools

- › [MMIS Long-Term Care Provider Billing Manual](#)
- › [Per Diem Rates and Methodology](#)
- › [PPF Rates](#)
 - › [Payment Summary](#)
 - › [Anti-Psychotic](#)
 - › [Pressure Ulcer](#)
 - › [UTI](#)
 - › [Weight Loss](#)

OHCA Rules

- › [317:30:5:9 - Long-Term Care Facilities](#)

<http://okhca.org/providers.aspx?id=812>

Questions

